

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041243

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10066

STATE FILE NUMBER

FILED OCT 17 1963

VS 300
Rev. 4/59

DATE AMENDED

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1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS, MO

Length of stay in 1b

40 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

d. STREET ADDRESS

2329 Howard St.

3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

HENRY

Last

BROWN

4. DATE OF DEATH

Month

Day

Year

OCT

8

1963

5. SEX

Male

6. COLOR OR RACE

Col

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-13-1894

9. AGE (last birthday)

68

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10b. KIND OF BUSINESS OR INDUSTRY

North Little Rock, Ark.

11. BIRTHPLACE (City and state or country)

U. S. A.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Brown

13b. MOTHER'S MAIDEN NAME

Millie Stokes

14. NAME OF HUSBAND OR WIFE

Darthulia Robinson N. Little Rock, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Darthulia Robinson N. Little Rock, Ark.

Address

807 E. 13th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

metastatic adenocarcinoma to liver

DUE TO (b)

adenocarcinoma of sigmoid colon

DUE TO (c)

153.3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

9/28/63

20h. CITY, TOWN, OR LOCATION

10/8/63

20i. COUNTY

10/8/63

20j. STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at _____ 7:20 A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard L. Phillis MD

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

10/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-10-1963

23c. NAME OF CEMETERY OR CREMATORY

Greenwood

23d. LOCATION (City, town, or county)

St. Louis Co Mo

24. FUNERAL DIRECTOR

JAS. H. RANDLE & SON

24a. ADDRESS

3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.

OCT 10 1963

25a. REGISTRAR'S SIGNATURE

Hoan Smith M.D.

PHILLIS
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Esther H. Harris*

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

STILLING